

No 60

Div. 2

No 4 Sameen

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Printed March 15th 1827
W. L. H.

NO 17

Inaugural Dissertation

On

That species of Uterine
Hæmorrhage, called
Accidental,

During Pregnancy,

by

William Lewis

of Virginia

Sept. 1st 1871
B. S. M.

Chrysomelid

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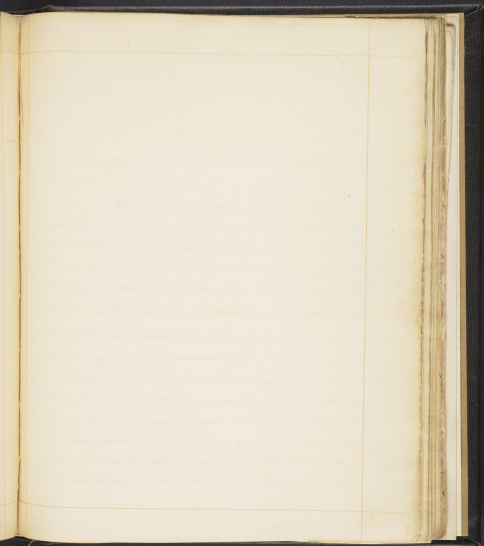
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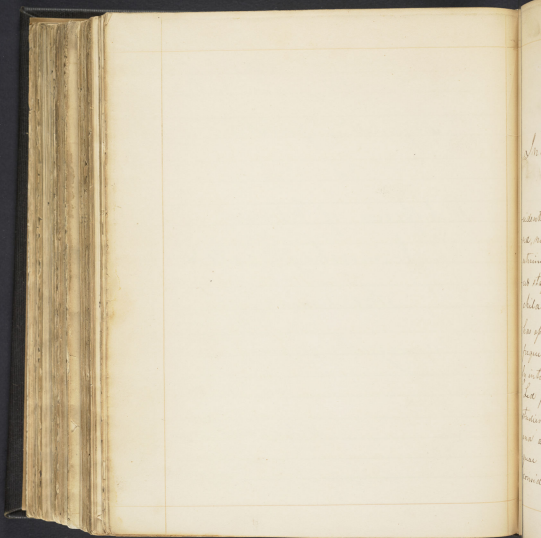
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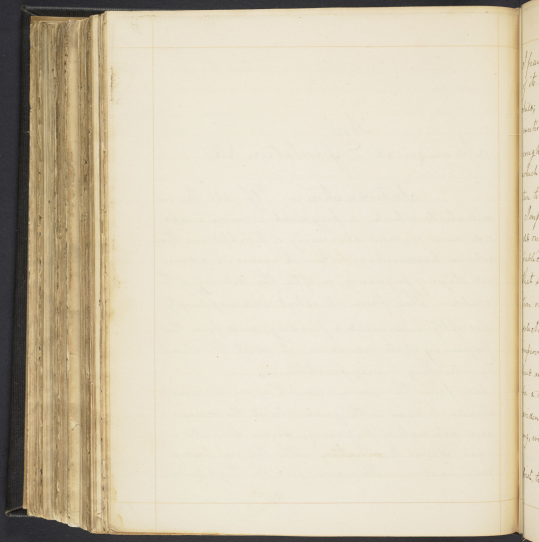


AN

Inaugural Dissertation &c.

Introduction.- Of all the incidents to which a pregnant woman is exposed, none is more alarming or troublesome, than uterine hæmorrhage, when it occurs in advanced stages of pregnancy, or after the delivery of the child.- This, from its extent and impetuosity, has aptly been called a flooding; and from the frequency of its occurrence, it must be extremely interesting to every practitioner.

Lead from the commencement of my medical studies, to view with great interest, the diseases and accidents of pregnancy; no one presented equal claims to attention with the one under consideration.- This arose from the high, (and



I fear not exaggerated estimation, I then formed of its importance and danger to both mother and child; and the necessity of a promptness in all our exertions in their behalf; that requires a thorough knowledge of the principles of practice, and which could only be acquired by extraordinary attention to the subject.

Impressed with these views, I have ventured, guided only by the light drawn from a few of the best publications on the subject; unaided at all by that sure light of experience, to offer a dissertation on uterine hæmorrhage. - In making this selection, the vain hope of introducing novelty or improvement has had no influence; but I have confined myself to be swayed only, by an ardent desire for a thorough knowledge of the subject, the best evidence of which, I could offer to my understanding, was to be derived from this source. - - -

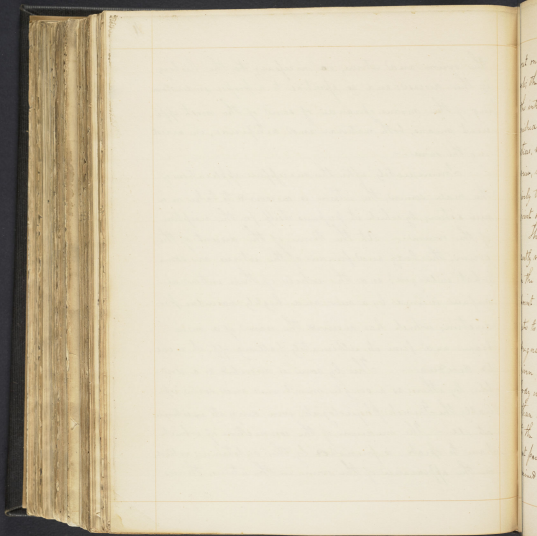
In ~~considering~~ this subject, I propose first, to give an account of the connection between

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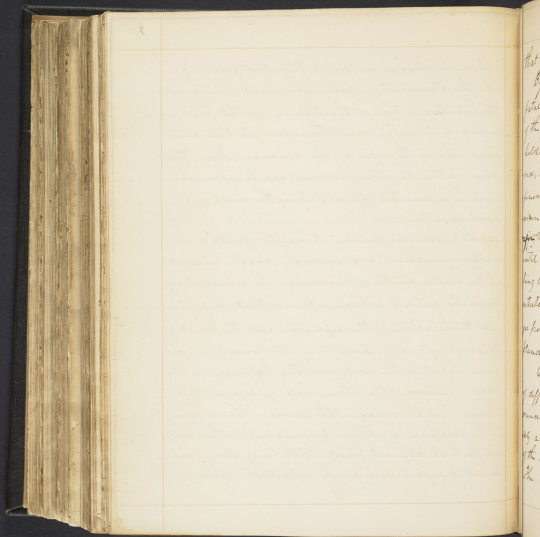
the ovum and uterus, as necessary to the history of this disease; and as essential to a proper understanding of the means of cure of some of the most efficient means, both natural and artificial, in arresting the same. -

Immediately after the successful application of the male semen, the uterus is discovered to take on a new action; by which it prepares itself for the reception of the ovum. - At the time of the descent of the ovum, the body and fundus of the uterus are somewhat enlarged; and the whole of their internal surface is lined by a new, and highly vascular pro-
-jection; which has acquired the name of a mem-
-brane; and from its ultimately falling off, it is called decidua. - This by some is described as a dou-
-ble; by others as a single membrane; and some, espe-
-cially the French physiologists, even deny its existence at all. - The medium of the connection of which I am to speak, is furnished by this substance; which, on the appearance of the ovum in the uterus, throws



out on its internal surface, a flocculent growth grows; the extremities of which, soon become inserted into the interstices of those of the Chorion: whilst those furnished by the latter insert themselves into those interstices, between the rapids of the decidua. - From this union, neither the uterus, nor ovum can be said exclusively to perform this office: it being the result of a joint operation. -

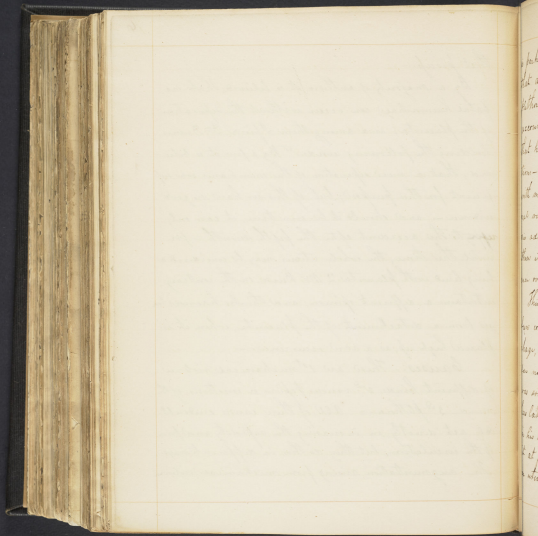
This adhesion, however it may be effected, is evidently very vascular, and exceedingly delicate; especially in the earlier months of pregnancy. - It cannot at any point be destroyed, without a flow of blood, proportionate to the extent of the separation and the period of pregnancy. - A separation of the membranes of a given extent in the early months, happening in the body or fundus of the uterus, will yield more blood; than when it occurs in the cervix. - This is owing to the degree of development going on in these different parts, at different periods: blood being always determined to a part in a direct ratio to the rapidity of



that proc-
 -ess.

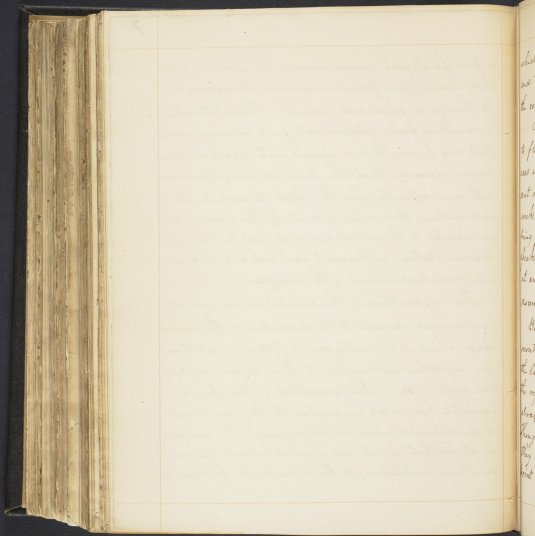
By a majority of authors, it is believed, that no fatal hæmorrhage can occur without the separation of the placenta; and among them I find 3^d Gouges holding the following words. "By a few it is believed, that a mere separation of the membranes was sufficient for this purpose; but of this we have no good evidence — and should it be even true, it can only refer to this accident after the fifth month — for until this time, the whole uterus may be considered as being lined with placenta." Mr. Keen on the contrary entertains a different opinion; and thinks hæmorrhages from a detachment of the placenta, when it is placed high up, as a rare occurrence. —

Causes. — These are 1st mechanical violence of different kinds. 2nd various passions or emotions of the mind. 3rd plethora. — All of these causes undoubtedly act directly, in increasing the rapidity and force of the circulation; but they do this in different ways. The augmentation arising from mechanical violence



is perhaps at first always local in the uterus, whilst that arising from passions or emotions of the mind, a pathos, is as universally general. - This, I think, accounts, in fact, satisfactorily for a circumstance, that has frequently been observed with regard to abortion - namely, that the fetus is always procured with more difficulty, when the attack is owing to external violence, than when procured by other causes. - Men are adapted to the general system, as must be many of those in abortion, are known to have but a limited influence on a local increase of the circulation. -

This augmentation of the circulation has generally been considered adequate to the production of the haemorrhage, which is frequently seen to follow it; and then for no farther explanation of their *modus operandi* was sought for. - The correctness of this opinion has lately been called in question, by Professor DuRoi in his valuable work on Midwifery. - He considers it at farthest as but an indirect cause, bringing on uterine contraction; to the immediate operation of



which, the separation of the membranes in the earlier, and the placenta in the later months; together with the consequent hæmorrhage, are all attributable. -

Some periods of pregnancy are much more liable to flooding than others; and this is peculiarly the case in the early months. - Dr. Dewees says, this accident may occur at any time after the fourth or fifth week; the adhesion between the uterus and ovum being pretty well established by that time. - Mr. Burns speaks of copious discharges from the impregnated uterus at an earlier period than that, and even before the descent of the ovicle into its cavity. -

But if this disease is most frequent in the earlier months, it is much more dangerous to the mother in the later periods. This arises from the larger size of the vessels yielding it; the effects of flooding being always in proportion to the rapidity of discharge. - Though early flooding are less dangerous to the mother, they are infinitely more so the father; and in this point of view claim the strictest attention of both the

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mother and practitioner. - The former, ignorant that this is one of the surest signs and most certain precursor of abortion, is apt to conceal her situation from a false modesty; whilst the latter is lulled into fatal security, from the supposed innocence, or even advantage of early discharges from the vagina. - These are dangerous errors, that should be speedily corrected. - To the one, it will be sufficient to point out the danger of procreantion: the other must be taught the true estimate of a foetus in utero to the parents and to society.

Previous to detailing the treatment of this malady, it will be proper to divide the term of utero-gestation into periods. - The modification imposed on the treatment by the period, at which the hæmorrhage occurs, renders a division necessary; and by adopting it, I shall be enabled more clearly to point out the dangers attending the occurrence at the different advancements of pregnancy; the indications offered by the same, and the best method of fulfilling them. - The division adopted by me is the same as that of Dr. Smeathman; though

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I am not certain, it has any advantage over that exp-
 -ed by Dr. Barro in his compendium. - The first period
 will include about four and a half months of the
 term of pregnancy; the second will embrace the deliv-
 -ery of the child. -

First period. - Having previously had occa-
 -sion to remark, that haemorrhages occurring within
 this period, though less dangerous to the mother, were
 much more so to the foetus, I shall not repeat it here;
 but proceed to remark on the indications from each par-
 -ticular circumstance of the case. -

Amidst the conflicting opinions of authors, and in the
 absence of all experience, it fell to the station of
 the highest faculty for reasoning, to determine the many
 moot points, connected with this part of the subject. - by
 the comparative danger to the foetus of haemorrhages,
 produced by mechanical, or internal, obscure causes,
 I have already ventured an opinion; which though
 sanctioned by Dr. Barro, is as directly contradicted by
 Barro. - The consequences resulting from the place of

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Union are very great; for the accident recurring in the upper part of the uterine globe, must necessarily require an entire separation of the membranes to the os linear, before the blood can find an outlet. - This, occurring in the advanced months of gestation, might probably give rise to violent haemorrhage, from the very firm adhesion of the sides of the placenta: but during this tender period, the adhesion is so delicate, and the uterus so easily thrown into action, that a very slight accumulation of blood behind the membranes, is quite sufficient to bring on painful contraction; by which a drain is effected. -

The quantity of blood discharged of itself can form no positive prognostic in the case: since the ovum has been cast off without the loss of many ounces; whilst it has been preserved after the loss of as many pounds. - Conjoined with other unfavourable symptoms, it always diminishes the chance of preservation; and forms one strong argument for directing our actions very much to its diminution. - Except the symptoms of death of the foetus, no one argues less favourably than uterine contraction, particularly of

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the alternate a painful hœmorrhage. These, when regularly and universally established, are so difficult to subdue; and so generally end in suppuration, as to induce a belief in some, that they are indomitable. Among this number Mr Burns stands most conspicuous, and our language unequivocal on this point. - Opposed to his authority, we have the testimony of a number of cases by different authors; but no one more decidedly to the point, than that by Mr Burns himself. - In that case related by him, the uterus contracted so violently, as to expel one foetus, and yet carried its throin to the proper time. - Nor can we form a more certain prognosis from examinations per vaginam. - The os internum resists for some time the efforts of the body and fundus of the uterus, from the state of the crasis; but when the neck is relaxed, the expulsion of the foetus will soon follow. - -

It results, therefore, that the death of the foetus is the only unerring indication of suppuration; and to determine this, with certainty, is indeed a new point. - In this case we are obliged to content ourselves with circum-

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stantaneous evidence, being deprived of the means of more positive testimony. - If these circumstances, the sudden secretion of milk, and placidity of the breast, after being tumescent and tender, are to be looked on as the least equivocal. - If we add to these, the sudden and simultaneous cessation of the morning sickness, and subsidence of the abdominal tumour, no reasonable hope can longer be entertained. -

From what has been said, we learn the humiliating fact, that however important it may be to determine a priori, the degree of cure, that ^{may} attend one operation; it can rarely be done. - From this may be deduced a rule to be observed; and that, which I wish to impress, is always to act as if the case might be made to terminate fatally. - By pursuing such a course much may sometimes be gained, and nothing can ever be lost. -

A discharge however trifling in degree should never be neglected, and we are directed by the best authority to look with suspicion, at what are considered the regular returns of catamenia from the impregnated uterus, and

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to treat them as if something mischievous might result. Nor should this be the governing principle of practice only in a first attack; but should the haemorrhage return, we should direct our exertions to the same end. - This, unless the strictest attention be paid is very apt to run. -

Mr. Burns says, the membranes rarely unite, when subjected to any extent, the placenta runs. - This renders a subsequent attack more easy, and the prognosis less favourable. - But that haemorrhages have occurred day after day, week after week, and even month after month, and the woman carried to her proper reckoning; writes generally testifies. - I now proceed to the most important part of my subject, namely its

Treatment within this period. - The indications, which present themselves, are then, 1st to restrain the haemorrhage; 2nd to induce uterine contraction, and 3^d to prevent the recurrence of either. -

The first and most prominent measure to be adopted, is perfect rest of body in the horizontal posture. In this posture a mattress should be perfect; or a sack, or

room a plank bottom, should be selected over a featherbed.
The room should be well ventilated, and the patient very
lightly covered: if in winter, the fire should be removed,
and no more bed clothes used than an acquit for con-
fort. Her drink should be cold and sparing in quan-
tity; such as lemon ade, ice water &c. in warm; balm tea,
and toast and water in cold weather. The food should
partake of the same nature, such as sago, tapioca or pana-
da, in which lemon juice is made a substitute for wine.

Animal jellies, both &c. are to be forbidden; and a strict ad-
herence to directions, imposed on both patient and attendants.
Much company, or conversation should be interdicted, and efflu-
viums in bylandous rooms.

The next remedy, that should claim our attention
in flooding at this period, is bloodletting. The powers of this
remedy in subduing hæmorrhage are well known, and in none
are its effects greater, than in the present. The hæm-
orrhage being recent and the pulses vigorous, we may resort to
it with the utmost confidence, remembering that its most
salutary operation is to be obtained only by its sudden and

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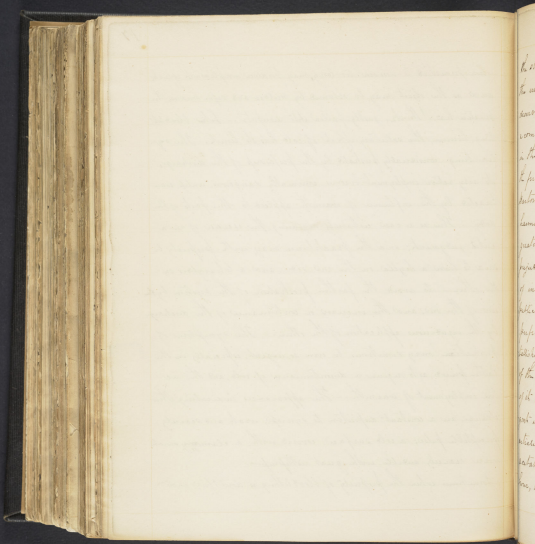
opious employment. In determining the extent to which it should be carried, the quantity and repacity of the discharge and its effects on the system should govern. - As a general rule we should not assist, until the pulse be sensibly affected.

Much gastric distension, which we are told is a common symptom will probably result, in some cases in the use of this remedy; since the operation of the tree on the vascular system, is very much the same; and their combined effect might be more than the system of the patient could bear. -

As co-operating in the reduction of vascular action, and more particularly in the uterine system, the topical application of cold should never be neglected. - Cloths, dipped in cold water and vinegar, iced water &c. and applied to the loins, abdomen and pudenda, is a very convenient method. - But perhaps an equally powerful, and much more convenient mode is that of powdered ice or snow, in bladders; it not being requisite to renew the application so often. - A still more powerful method yet of driving the blood from the uterus and promoting coagulation has sometimes been adopted - I mean that of introducing ice or snow into the vagina. - But as there,

when permitted to remain too long, may produce unpleasant effects; and as the object may be obtained by milder and safer means, the practice has, I think, justly fallen into disrepute. - Like blood-letting, however, the salutary effect of cold has its limit. - The system being considerably prostrated by the profuseness of the discharge, its very active employment becomes eminently dangerous, unless counteracted by the influence of warmth applied to other parts of the body. - This is a case certainly requiring the exercise of an accurate judgment; and the practitioner may with propriety be said to have a doylee on the one side, and a Charlevoix on the other - to avoid the farther prostration of the system by the use of the one, and the increase or continuance of the discharge by the injudicious application of the other. - The symptoms of prostration may sometimes be even so urgent, especially in the latter period, as to require a discontinuance of cold, and the active employment of warmth. - The appearances indicating this change, are a constant disposition to syncope, weak and scarcely perceptible pulse; a cold surface, covered with a clammy sweat now scarcely visible, with great insipidity. -

Sometimes when the propriety of blood-letting is doubtful, and



the stomach not much affected, its effects may be imitated by the use of nauseants. - of this class of remedies *Opoeum* has deservedly the preference, and its effects may be augmented by a combination with opium, as recommended by Dr. Chapman, in the proportion of two grains of the latter, to half a grain of the former: or with the acetate of lead, as recommended by Dr. Barton. - Of all the internal remedies in uterine hæmorrhage, no one has been more highly extolled, or acquired greater celebrity, than the *Saccharum Saturni*. - In a long time prejudice ran so high, as to exclude this article from the list of internal agents; but finally the attention of the medical public was called to it by the late professor Barton, and its perfect innocency and high utility have subsequently been established by Drs. James and Sevier, particularly by the exertions of the latter gentleman. - Mr. Burns seems still doubtful of its safety, and mistrusts the efficacy of any internal astringent in profuse hæmorrhages. - It is usual to combine this article with opium, in the proportion of two or three grains of the acetate to half a grain of opium; to be repeated every half hour, hour, or two hours, according to the urgency of the case. -

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S. Quercus has increased the dose to ten grains. *S. Barton*, as *Stea* has shown, was in the habit of combining it with *Spremanthor*, and when the state of the stomach will permit, any advantage is no doubt obtained by the union. - When much gastric distress persists, it is the practice of some gentle men to administer the acid per animum. - In this prepare 20 or 30 grains of the acetate are dissolved in a gill of water, to which should be added a drachm of *Linum catenaria*, the whole to be thrown up as in vomit, and repeated per animum. -

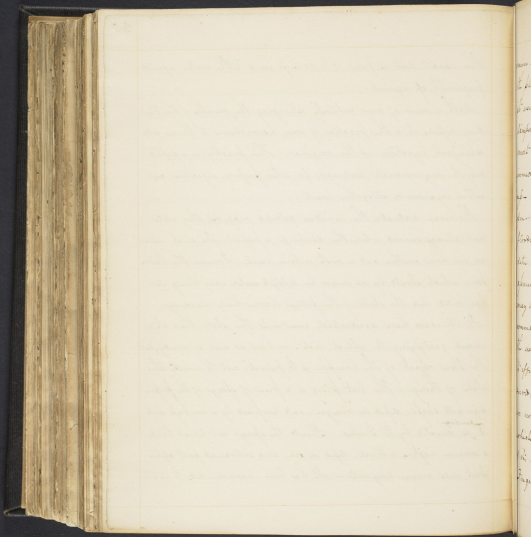
Neph. to this article in the list of astringents, I would place the *Acidum sulphuricum aromaticum*. - It is well spoken of by Mr. Burns in combination with *digitalis*; but my experience sets on a much surer foundation. - I know it to be a powerful and efficient remedy in the hands of my preceptor *S. Brown* of *Leipsic* V^o; than whom no one is more advantageous to the people of that section of country. - I am entirely sustained by his declaration, when I say, that no single remedy in his hands has afforded more relief, than the *Acidum sulphuricum aromaticum*. - Of its efficacy, I could offer numerous instances from his practice, had I room to indulge my inclination. -

The usual dose is from 10 to 20 drops in a little water, repeated frequently if required. -

With a view of more certainly stringing the mouths of the bleeding vessels, it is the practice of some accoucheurs to throw into the vagina, - This practice is a safe only to very moderate discharges; for when profuse, injections are either injurious or altogether inert. -

However valuable the remedies detailed may be, they will not always succeed, when the discharge is profuse. - In such instances we have another and a more certain resort. - I mean the tampon, which should by no means be delayed, until every thing else has failed, and the state of the patient become truly alarming. -

If the case have accidentally come into this state, then it is indeed gratifying to reflect, that we have as sure a remedy, but the true object of the tampon is to prevent; not to remedy this state of things. - The best plug is a piece of sponge of the proper size and shape, dipped in vinegar, and confined by a compress and T^{bandage}, as directed by Dr. Dureau. - Should the sponge not be at hand, a common napkin or towel, dipped in oil, and introduced part after part, will answer my view. - It has been recommended to isa-



mine into the state of the colliculus, previous to the introduction of
 the plug; but not with the view of determining the propriety of
 its use; for whether the is intermenstrual be related or coincident, the
 tampon must be used if the discharge requires it. Nor do the
 most threatening symptoms of expulsion form any objection to its
 immediate use; for Mr. Davis assures, it does not retard that pro-
 cess. Lemp supposed it might accelerate it when the reaction was
 gone. Therefore I must repeat, that whenever the extent of the
 flooding is such as to render it necessary, no circumstance should
 deter us from its employment. The concurrent testimony of authors
 assures us of its abundant utility. Dr. Davis says, "Whatever
 may be the rapidity of discharge in such cases, it is our un-
 der command so far as our experience will warrant the operation, by
 the use of the tampon. It should be instantly resorted to, and
 its effects will be as quickly perceived. If the men can be pre-
 served, we save a prodigious expenditure of blood; if it cannot,
 we not only do this, but obtain a most important time; during
 which time nature achieves the separation and final expulsion
 of it, without the further exhaustion of the patient."

Frequent examinations per vaginam are highly improper, as

they assist but little in forming our jagged mesh: are disjunct to the fetus and interfere with the coagula. Indeed I cannot see that they are useful at all, unless the case be accompanied with violent uterine contraction.

The most striking and important peculiarity of this period is, that maternal assistance is rarely accomplishable in the delivery of the fetus. At this time it is also important that the ovum be expelled entire; for if ruptured, the embryo is very liable to escape, whilst its involucrea are retained — thus prolonging the calamity, or giving rise to a very tedious and offensive process, which timely remedies — Some authors recommend the rupture of the membranes so early as the third month: but independent of the weight of authority against it; the termination of a single case that came within my knowledge, in which this spontaneously took place, at this period, has convinced me, that it should always be sedulously avoided. — I have peremptorily forbid it before the commencement of the fifth month; unless the flooding is very profuse, the pains very urgent, and the os tunicae fully well opened. The absence of either of these circumstances will render it highly improper: for if the flooding be not

purpose, there exists no necessity for it; if the pains be not brisk,
 it would be an unnecessary sacrifice of the patient, and if the
 os tinea be not opened, it must consign the woman to a perpetua-
 -tion of the vice. The discharge can always be kept in safe bound
 by the tampon, until nature effects the process, on which she has
 determined. But should we have unequivocal signs of the child's
 death, a rapid hæmorrhage, an open os uteri and no pains, the
 Local emulsion might, I think, be very advantageously administer-
 -ed to accelerate the expulsion; whilst we restrain the discharge by
 the tampon and other remedies. This disposition of the uterus to
 contract very speedily after the escape of the embryo, manifests itself
 throughout this period; and is particularly conspicuous about the
 neck and mouth. When such circumstances the flowing con-
 -tinues until the uterus is emptied; therefore the obvious indication
 is to remove the accumulations as quickly as possible. In effecting
 this no assistance can be derived from the natural efforts of
 the uterus; but on the contrary it opposes a serious obstacle. -
 The capacity of the wound is altogether insufficient to admit the
 head, even the neck and mouth in the most favorable situation,
 for in the generality of cases, it will with difficulty admit one.

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and never more than two fingers. - When a large portion of the membrane lies without the os teneum, they may be removed by the action of two fingers within the vagina; but when they are found nearly or entirely contained within the cavity of the uterus, the fingers will be found inadequate. - Under such circumstances, as Dr. Davis has used with great success a wire crochets. This instrument, very simple in its construction and operation, is to be introduced into the vagina on the fore finger of the left hand, previously carried up to the os teneum. - The hook should then be gently moved up into the cavity of the uterus as high as the fundus; and as gradually withdrawn; when it will be found to have entangled in the membrane and brought them along with it. - On their removal, the flooding has ceased almost immediately; and in this way he has preserved the lives of several women. - In cases of not so much urgency, he has used successfully the wret in scruple slow; but in the case to which I alluded before, as coming under my knowledge, it completely failed after the bold employment of the lancet. -

Second Period. - This I have said will embrace the remaining time to the delivery of the child. - It is evident

that the treatment of haemorrhage must ^{vary} a little in the different months of this period: since in the two first the development of the ovist is scarcely begun; whilst by the commencement of the ninth it is nearly completed:— but a farther division seems objectionable from the necessity it would have created for much recapitulation. No part of this period is exempt from this accident, and the amount of flooding will be in proportion to the extent of the separation and the advancement of pregnancy. — The safety of the mother has always been considered in a more ratio the progress of this time. — It is in floodings at this period, that all the precepts to be acquired by multiplied experience is demanded; for a few gushes of blood may determine the fate, or bring her into a state of extreme exhaustion or syncope, by which a shock asthma is obtained, that is too often fallacious. —

Now are we to consider our patient more in danger, because the discharge is not abundant. — all late writers, as Bandelozzi, Burns, &c sanction the opinion of fatal internal haemorrhage. — The blood may be retained behind the placenta, or membranes, and sometimes by the natural contraction of the neck of the uterus itself, which is not yet open at the time

The first of these is the fact that the
 population of the country has increased
 during the last century. This is due to
 several causes. First, the discovery of
 gold in California and the consequent
 immigration of people from all over the
 world. Second, the discovery of gold in
 Australia and the consequent immigration
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 from all over the world.

The uterine action takes place. This uterine haemorrhage is sometimes brought on by fatigue, loss or violent straining; and is generally accompanied by a dull heavy pain at the part where it occurs, resembling the ^{discharge of the} catamenia. - The uterus expanding to the cord becomes distended and tense, producing a sensation like colic; the woman gradually loses her strength, and finally becomes faint. - Slight pains are ultimately produced, which most frequently are accompanied by the expulsion of coagula. - Bandeauque relates the case of a woman, who discharged more than a hat even full. - It is self-evident, that in such case, nothing but speedily expelling the uterus can save the patient. -

In treating an apparent haemorrhage at this period, the indications are precisely the same as in the former; but the means of obtaining them vary a little, as we have here to trust most to the plug and delivery. - The first and most important duty is to restrain the discharge as quick as possible, that time may be obtained to adopt such measures, as the nature of the case may demand. -

Having imposed a system of the most perfect rest, the subsequent parts of which have been before detailed we should

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proceed immediately to make ourselves acquainted with the circumstances of the case. - In this purpose an examination per vaginam should be solicited, that we may determine the state of the cervix and os uteri; whether the membranes or placenta present; what progress the pains, if any, will, have made towards expulsion. - The probable quantity of blood lost; the rapidity of its flow and the existing cause are all important to be known, & should be considered with its effect on the system of the mother or child. -

In recounting the remedies for this disease, the first one that on a general principle, would present itself to our attention is blood-letting. - Valuable indeed in the management of this accident in the earlier months, it is seldom admissible and rarely necessary at this period, especially in the latter part. - At this time, from the large size of the connecting vessels, the violence and rapidity of the discharge are so great, as to place the patient almost behind the reach of its benefits. - But should the appearance of the case require it, such as a moderate discharge and full, plethoric state of the vessels, indicated by the pulse, the practitioner should by no means deter from its employment. - On the contrary it should be considered a *sine qua non* to success. - But I must

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repeat, this is rarely the case; for before we arrive the profuseness of the flooding has generally made such increase of the strength of the patient; as to render the preservation of even a few ounces of blood an important measure. —

Limited in the employment of bloodletting, we should exercise a more extensive freedom in the application of cold. Determining on the necessity of its rigorous employment, it should be obtained of as low a temperature as possible. The best method of employing it, I have already detailed, and shall only again repeat a decided preference for powdered ice or snow in blood-letting. The advantages of this plan must be evident; since we obtain by it the highest benefit of the remedy, at the least expense of comfort to our patient. —

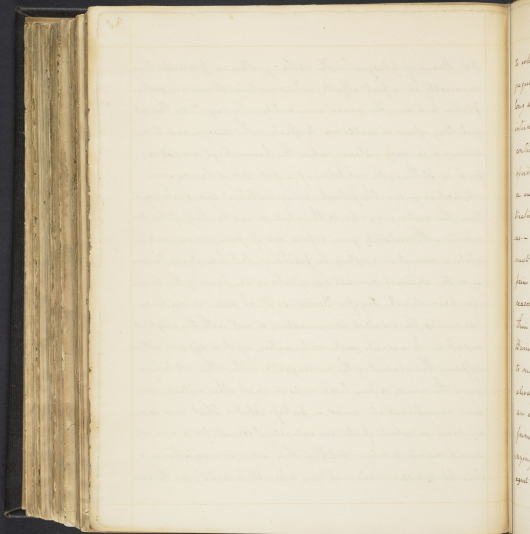
Thus recommending the bold employment of copiousness a remedy in the active stage of an attack; I am nevertheless, perfectly sensible, that it should not be persevered in, in regard of the combined effects of this and the flooding on the system. —

Regulated with discrimination, it may be made an important remedy in nearly every stage; but when rashness is permitted to usurp its seat of cool and enlightened discer-

-tion, it becomes an efficient argument to the flooding in hastening the unwise close of life. - Therefore, carefully watching the progress of the symptoms, we should immediately moderate the force of our applications, on the appearance of much direct debility. - I know there is danger in using this too freely; but I use it here in contradistinction to that apparent exhaustion, arising from the relaxation, incident to the effects of flooding on the stomach. - When, however, the quantity of blood lost, compared with the constitution of the patient, is great, the pulse feeble and the surface cold, the further energetic use of this remedy should be regarded dangerous. - Although, therefore, it may be proper to continue the application in a moderate degree, we should never neglect to counteract its depressing influence, by the application of bottles of warm water, or warm flannels to the extremities, epigastrium &c. and when symptoms of fatal exhaustion, (which it is unnecessary to repeat) are present, to discontinue it; and substitute a warm blanket and other stimulating applications. -

Spices are very highly recommended by some of the English writers particularly by Dr. Hamilton of Ebingburg, and.

Mr. Burns of Glasgow. - The latter gentleman prescribes them invariably in a first attack, when we have it not in contemplation to deliver the woman immediately. He says, "on this subject long experience enables me to speak with decision, and to recommend in every instance, where the haemorrhage does not descend on placentas, the exhibition of a full dose of laudanum, which tranquillises the patient, allays irritation, and checks for a time the discharge. - Would the whole or even the half of this, be expected with certainty from a full dose of opium, no one would hesitate a moment in adopting the practice. - But how stands the remedy on the continent or what has effected in the hands of the American accoucheur? - Professor Smeatman says, "it never in our hands has merited the smallest commendation, or met with the slightest success. - To reconcile such contradictory reports is difficult, without supposing the account of the one exaggerated, or the other not to have given the remedy a fair trial. - As in most other instances, so here, an intermediate course is perhaps safest. - That cases do occur in which opiate are valuable, I cannot, for a moment, permit myself to believe; but that they are so in every instance is still less credible. - Nor is it very difficult to distinguish the cases



to which they are best adapted. - The commencement of flooding is frequently attended with great alarm and anxiety to the patient; and as long as this state of things continues the blood will be thrown on the internal viscera in an unusual quantity; and thus contribute to the continuance & the ~~continuance~~ of the discharge, as they sometimes operate in procuring it. - Therefore to calm the agitation attendant on an attack, an opiate may become an essential remedy in the treatment; and should be administered promptly under such circumstances. -

Pains, unless they perceive the desired effect on the system, must always increase the evil; - therefore the existence of insufficient pains will afford another indication for the use of opiate. - From reason I can by no means entertain so unfavorable an opinion of their benefit, in cases of extreme exhaustion, as that expressed by Mr. Burns: nor should I suppose them indicated in any case previous to manual operation. - Great as may be their effects; they may always be augmented by a judicious combination. - of those the best are with *Opacuartha* and *Laccharum Saturni*. - The use of the former of these articles will be very much limited by the accompanying gastric distention: and the latter, though the most active intestinal agent in pills, is by no means to be trusted to open as in the former period. -

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It results, therefore, that the only remedy on which we can rely to check a high hæmorrhage in our hands at this period is the Terebinth. Having before dwelt on its impotency with so much earnestness, it may be considered a useful recapitulation to speak of it in this place. Trusting to it, the practitioner can generally wait, until he obtains the most favorable situation for delivery, or which the ultimate preservation of his patient may require. By it the patient is saved an immense loss of blood, much painful suffering, attending an extensive dilatation of the uterus; and too often fatal effects resulting therefrom. By it, that atony of the uterus is avoided, which not infrequently attends delivery in such a condition. In conclusion, I may add, that whenever the discharge assumes the name of flooding, and delivery at the time impracticable or dangerous, no substitute can be found for the plug. —

By a late employment of these remedies, an attack may frequently be checked, without any serious loss of blood; but in all probability, it will be again and again renewed, until the uterus is emptied and permitted to contract. From this we derive a strong argument for early and prompt endeavours to save our patient the loss of a few ounces of blood. — Mr. Burns says, We may lay it down as a general

In the year 1781, the first of the month of January, the
British army, under the command of General Cornwallis, arrived at
Yorktown, Virginia, where they were surrounded by the French
army, under the command of the Comte de Rochambeau, and the
American army, under the command of General Washington. The
British army, consisting of about 8,000 men, was defeated by the
combined forces of the French and American armies, which numbered
about 19,000 men. The British army was forced to surrender to the
French and American armies on the 19th of September, 1781. This
victory was a decisive one, and it led to the British evacuation of
New York City and their retreat to New Orleans. The British
army was then transported to England on British ships. The
victory at Yorktown was a turning point in the American Revolution,
and it led to the British recognition of American independence in
1783.

observation, that a few cases of profuse hæmorrhage, occurring in the advanced stage of gestation, can be cured without delivery, by the application of the forceps. - This shows that extraordinary attention is necessary after the suppression of an attack of flooding to prevent its return. - Perfect tranquillity of mind and body; a careful abstinence from every thing that may heat the system, a careful vascular action, avoiding much drink, and a steady, but judicious administration of light articles of nourishment; and not to endeavour too hastily to replenish the emptied vessels; constitute nearly every thing that can be done towards this object. - Landels, therefore, as may be our endeavour to guard our patient against this event; they will rarely succeed; and her ultimate safety is more to depend on delivery.

As accessory to the tampon in retarding the hæmorrhage, are all the other means employed; as is this only auxiliary to delivery in placing the woman beyond danger. - Untill this be effected, the advice of Mr. Burns should never be neglected; that is never to leave our patient without a strict injunction to plug the vagina on the renewal of the discharge.

I come now to speak of delivery as a means of arresting flooding and securing the patient.

Previous to the introduction of the tampon into practice, delivery was on all occasions attempted, as the only means of safety. - The escape of the placenta of the parts through which the child had to pass, came rarely and in spite of opposition, thrust these hands through the neck of the uterus, and extracted the foetus: whilst others were content with rupturing the membranes, trusting the expulsion a while longer, and finding her unwilling or inefficient, again to take the case out of her hands. - The result of this blind practice was frequent death, protracted, or a train of fatal or exceedingly painful consequences.

The practice, therefore, of Puzos, (as it is called), as it sometimes succeeded alone, was a medical improvement on that which led to it. But the principles of practice, at present established, have condemned its indiscriminate employment; and even brought its utility into any confined limits. - Its frequent failure to close the lacerated parts, or bring on contraction within a safe time; the unavoidable increase of difficulty; its occasional, when delivery afterwards became necessary, have nearly caused its abandonment. - Therefore, I was surprised to find its indiscriminate use in all cases of accidental haemorrhages at this period reported by Dr. Baile; as an evidence of which, he even advises the membranes to be ruptured with the male catheter, when the uterus will not admit the finger.

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Forming my opinion from the best authority on the subject, I should say, that neither the entrance into the uterus to bend the child, nor the capture of the membranes, should ever be attempted; unless the disposition of the parts is such as to admit the use of the forceps, could this be trusted to the natural efforts of the womb. - That in this situation, delivery being practicable is always to be preferred, except when the pains are very brisk and the expansion of the uterus rapidly advancing. - Here and here alone should rupturing the membrane be trusted to. - But it may be asked, on what chance rely to obviate the fatal effects of the flooding, whilst motion is affecting this change?

Here we should point to the plug, and that it is amply sufficient, is attested by the most positive declaration of authors. - Can we demand further proof, than the following passage from the highest authority in the land of the physicians? "Did I not know, says Mr. Brown, the danger of establishing general rules, I would say, that as long as the os uteri is firm and has no disposition to open, the patient can be in little risk of an embolism the use of the plug; we may even plug the os when, which will excite contractions."

I know that many make great clamour about the danger of excoriation on apparent with an os still hæmorrhage by this instrument; and such indeed may sometimes be the case: but the customer are squinting at us, as those who have used the tampon most extensively, do not mention a case - a convincing proof ^{that} the dan-

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The method to be adopted in turning has nothing peculiar, with the exception of which every accouchement is supposed to be acquainted. It is advised that this operation be performed as quickly as possible after the evacuation of the water; as much of which as can should be retained. - Pushing either in entering the uterus or extracting the child is on no account requisite; but throughout, the most perfect gentleness should be observed; rather conforming with the pains, if any be present. - The foetus being removed, no time should be lost in securing the complete home contraction of the uterus.

Particular situations of the mother & state may under the present preparation alter; and the indications for this preparation are nearly the same as in the case of posthumous labour.

The question of every extreme exhaustion being present the propriety of immediate delivery has been made a question. - Mr. Burns is decidedly of opinion that the woman has the best chance of recovery, who is rapidly and cautiously delivered. - He says, notwithstanding he has never known a woman survive four and twenty hours. - Dr. Dewees supposes the expediency of immediate delivery to depend on the continuance of the flooding. - If this has subsided, it will be safest for the patient to suspend the operation for a while at least. Another important question occurs in this state, relative to the propriety

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sty of stimulants. By some their employment has been objected, on account of
 presence of the most fatal exhaustion. Though by no means an advocate
 for their indiscriminate use, I am so little disposed to believe, they are
 un-
 useful in the advanced stage of this malady. To the stimulating
 applications already enumerated, should now be added the moderate admi-
 nistration of some mild cordials, light nourishment &c. Complete syncope is
 also an alarming symptom, when it occurs in the advanced period of
 flooding, though by some it is hailed as a welcome epistemic. The danger
 to be apprehended from this occurrence will be in proportion to the extent
 of the discharge, producing it; for some women, from an idiosyncrasy of
 constitution, faint in the loss of a few ounces of blood; and in them though
 not a desirable symptom, it is not dangerous. Stimulants here would be of ma-
 nifest injury; as the fainting arose not from the effect of the flooding on
 the vascular system; but indirectly from a derangement of the nervous energy.
 I intend to conduct the patient safely through these scenes of exhaustion, re-
 quire the utmost discrimination, — a degree of acumen to be acquired only by
 much experience, united with a sound judgment. The results of the former and
 the dictates of the latter, are in favour of a cautious administration of cordials under
 such circumstances. — Thus have I recounted what seems necessary to be said on acci-
 dental hæmorrhage, all of which I most respectfully submit for examination. —

